FORM (RF-3)

SUMMARY SHEET

<u>.</u> .	(1)	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
4	Coverage	volume (mmois)	Change (101-)
1.	Automobile Liability Private Passenger		
	Commercial		
2 : .	Automobile Physical Damag Private Passenger		•
_	Commercial		
3.	Liability Other Than Auto		
4. -	Burglary and Theft		
5. 6.	Glass Fidelity		
7.	Surety		
3.	Boiler and Machinery		
€.	Fire		
10.	Extended Coverage		36
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		·
15.	Other Workers Compensation Life of Insurance	317,400	-2.6
	Does filing only apply to certa Classes? If so, specify:	in territory (territories) or	certain
	Brief description of filing. (If fi Organization, specify	ling follows rates of an a	dvisory
	organization):		view and approval a -2.6 overall
•	rate decrease. We are adopting No	CCI's January 1, 2011 Adviso	ory Rates, Loss Costs, and Rating
	Values. In addition, we are revising	our Loss Costs Multiplier from	om 2.038 to 2.036.
	*Adjusted to reflect all prior ra **Change in Company's prem	te changes. ium level which will resu	It from application of new
	rates.	Harleysville Insura	nce Company
		Na	me of Company
	FILED		ior State Filings Analyst
			Official – Title

AUG 0 1 2011

FORM (RF-3)



SUMMARY SHEET

JAN 3 1 2011

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	Automobile Liability Private		
	Passenger		•
(Commercial		
	Automobile Physical Damag		
	Private Passenger		<u> </u>
	Commercial		
	Liability Other Than Auto	•	
	Burglary and Theft		-
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	nland Marine		
	Homeowners Commercial Multi-Peril		
	Crop Hail	•	***************************************
	Other Workers Compensation	4,003,070	.0.5
	Life of Insurance	4,003,070	+0.5
(Does filing only apply to certai Classes? If so, specify:	in territory (territories) or	certain ·
	Brief description of filing. (If fil	ling follows rates of an a	dvisory
(Organization, specify organization):		view and approval a +0.5 overall
_	rate increase. We are adopting NC		
_	Values. In addition, we are revising		JIII 1.030 to 1.030.
*	'Adjusted to reflect all prior rat '*Change in Company's premi rates.		It from application of new
1	ales.	Harleysville Lake S	States Company
			me of Company
	FILED		ior State Filings Analyst
			Official – Title

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

AUG 0 1 2011

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage		Change (+or-) **
Automobile Liability Private		- <u></u>
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger	·	
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage	· · · · · · · · · · · · · · · · · · ·	
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	55,156	+0.7
Life of Insurance		
Does filing only apply to certa	ain territory (territories) or	certain
Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
Does filing only apply to certa	ain territory (territories) or	certain
Does filing only apply to certa Classes? If so, specify:		
Does filing only apply to certa Classes? If so, specify: Brief description of filing. (If the second secon		
Does filing only apply to certa Classes? If so, specify: Brief description of filing. (If the Organization, specify)	filing follows rates of an a	dvisory
Does filing only apply to certal Classes? If so, specify: Brief description of filing. (If the Organization, specify organization):	filing follows rates of an a	dvisory iew and approval a +0.7 ovel
Does filing only apply to certa Classes? If so, specify: Brief description of filing. (If the Organization, specify organization): rate increase. We are adopting No.	filing follows rates of an a We submit for your rev CCI's January 1, 2011 Advisor	dvisory iew and approval a +0.7 over y Rates, Loss Costs, and Ra
Does filing only apply to certal Classes? If so, specify: Brief description of filing. (If the Organization, specify organization): rate increase. We are adopting Not Values. In addition, we are revising	filing follows rates of an a We submit for your rev CCI's January 1, 2011 Advisor g our Loss Costs Multiplier fro	dvisory iew and approval a +0.7 over y Rates, Loss Costs, and Ra
Does filing only apply to certa Classes? If so, specify: Brief description of filing. (If the Organization, specify organization): rate increase. We are adopting Not Values. In addition, we are revising *Adjusted to reflect all prior rate.	filing follows rates of an a We submit for your rev CCI's January 1, 2011 Advisor og our Loss Costs Multiplier fro ate changes.	dvisory iew and approval a +0.7 ovel y Rates, Loss Costs, and Ra m 1.630 to 1.650.
Does filing only apply to certa Classes? If so, specify: Brief description of filing. (If the Organization, specify organization): rate increase. We are adopting Not Values. In addition, we are revising *Adjusted to reflect all prior rates.*	filing follows rates of an a We submit for your rev CCI's January 1, 2011 Advisor g our Loss Costs Multiplier fro ate changes. nium level which will resu	dvisory iew and approval a +0.7 ovel y Rates, Loss Costs, and Ra m 1.630 to 1.650.
Does filing only apply to certa Classes? If so, specify: Brief description of filing. (If the Organization, specify organization): rate increase. We are adopting Not Values. In addition, we are revising *Adjusted to reflect all prior rates.*	filing follows rates of an a We submit for your rev CCI's January 1, 2011 Advisor g our Loss Costs Multiplier fro ate changes. nium level which will resu	dvisory view and approval a +0.7 over ty Rates, Loss Costs, and Rate of 1.630 to 1.650. It from application of new
Does filing only apply to certa Classes? If so, specify: Brief description of filing. (If the Organization, specify organization): rate increase. We are adopting Novalues. In addition, we are revision*Adjusted to reflect all prior rate**Change in Company's prentation.	We submit for your revocate changes. Harleysville Mutua	dvisory iew and approval a +0.7 over y Rates, Loss Costs, and Ra m 1.630 to 1.650. It from application of new
Does filing only apply to certa Classes? If so, specify: Brief description of filing. (If the Organization, specify organization): rate increase. We are adopting Not Values. In addition, we are revising *Adjusted to reflect all prior rates.*	We submit for your rev CCI's January 1, 2011 Advisor g our Loss Costs Multiplier fro ate changes. nium level which will resul	dvisory view and approval a +0.7 over ty Rates, Loss Costs, and Rate of 1.630 to 1.650. It from application of new

FORM (RF-3)

SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		
Passenger	`	
Commercial		
Automobile Physical Dama Private Passenger Commercial	9	
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery	**************************************	
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		•
Crop Hail		
Other Workers Compensation Life of Insurance	475,375	+4.7
Does filing only apply to ce Classes? If so, specify:	rtain territory (territories) o	r certain
Brief description of filing. (Organization, specify	If filing follows rates of an a	advisory
organization, specify	We submit for your re	view and approval a +4.7 ov
rate increase. We are adopting		
Values. In addition, we are revis		 -
*Adjusted to reflect all prior **Change in Company's pro	rate changes.	
rates.	Harlevsville Prefe	rred Insurance Company
FII F	Nia Nia	me of Company

Official - Title

AUG 0 1 2011

FORM (RF-3)

SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private Passenger		
Commercial		
Automobile Physical Damag Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety Reiler and Machinery		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail	40.570	
Other Workers Compensation Life of Insurance	10,573	-1.2
Does filing only apply to certa Classes? If so, specify:	ain territory (territories) or	certain
Brief description of filing. (If forganization, specify organization):	We submit for your revi	ew and approval a -1.2 ove
Organization, specify organization): rate decrease. We are adopting N	We submit for your revi	ew and approval a -1.2 overy Rates, Loss Costs, and F
Organization, specify organization):	We submit for your revi CCI's January 1, 2011 Advisor g our Loss Costs Multiplier from the changes.	ew and approval a -1.2 overy Rates, Loss Costs, and F m 1.630 to 1.650.
Organization, specify organization): rate decrease. We are adopting N Values. In addition, we are revisin *Adjusted to reflect all prior ra	We submit for your revi CCI's January 1, 2011 Advisor g our Loss Costs Multiplier from ate changes. nium level which will result	ew and approval a -1.2 overy Rates, Loss Costs, and Fm 1.630 to 1.650. It from application of ne
Organization, specify organization): rate decrease. We are adopting N Values. In addition, we are revisin *Adjusted to reflect all prior rates.	We submit for your revi CCI's January 1, 2011 Advisor g our Loss Costs Multiplier from ate changes. nium level which will result	ew and approval a -1.2 overy Rates, Loss Costs, and Firm 1.630 to 1.650. It from application of newster Insurance Company
Organization, specify organization): rate decrease. We are adopting N Values. In addition, we are revisin *Adjusted to reflect all prior rates.	We submit for your revi	ew and approval a -1.2 overy Rates, Loss Costs, and Firm 1.630 to 1.650. It from application of newster Insurance Company ne of Company
Organization, specify organization): rate decrease. We are adopting N Values. In addition, we are revisin *Adjusted to reflect all prior rate**Change in Company's prent	We submit for your revi CCI's January 1, 2011 Advisor g our Loss Costs Multiplier from ate changes. nium level which will result Harleysville Worces Nan Eileen Fisher, Seni	ew and approval a -1.2 overy Rates, Loss Costs, and Firm 1.630 to 1.650. It from application of newster Insurance Company

FILED

Revised - Charge in Effective date and Impact

Official - Title

SEP 0-1 2011

Form (RF-3)

STATE SHIMMON'S SHEET DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

	Change in Company's premium or rate	level produced by rate revision effect	ive September 1, 2011
	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	Cayaraa	Volume (Illinois)*	Change (+ or -)**
	Coverage	Volume (Timois)	Change (+ or -)
1.	Automobile Liability		
	Private Passenger		
	Commercial		- 1000000000000000000000000000000000000
2.	Automobile Physical Damage		·
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	***************************************	
3. 4.	Burglary and Theft	VIII. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
	9 •		
5.	Glass		
6.	Fidelity	pro	MA ASSA MARKAMANA
7.	Surety	Water and the state of the stat	
8.	Boiler and Machinery		
9.	Fire		14-16-16-16-16-16-16-16-16-16-16-16-16-16-
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$913,508	11.34%
	Line of Insurance		
Does 1	filing only apply to certain territory (te	rritories) or certain classes? If so, spec	cify:
We a	description of filing. (If filing follows are filing to adopt NCCI's January 1, 2 will result in a 11.34% overall increase	011 loss costs adjusted by our revised	
** C	djusted to reflect all prior rate changes hange in Company's premium level whealt from application of new rates.		
		Io	wa American Insurance Company
		10	Name of Company
		***************************************	Name of Company
		_ <u>B</u>	everly Barber - Compliance



SEP 0-1 2011

Revised - Change in Effective DAK and in Impact

Form (RF-3)

(Change in Company's premium or rate	e level produced by rate revision effective	e September 1, 2011
	(1)	(2)	(2)
	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	MALE IN THE PROPERTY OF THE PR	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	***************************************	
11.	Inland Marine	***************************************	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$3,523,921	11.34%
	Line of Insurance	***************************************	3
	iling only apply to certain territory (te	rritories) or certain classes? If so, speci	fy:
NA			
		rates of an advisory organization, speci	
		011 loss costs adjusted by our revised n	fulfiplier of 1.851 for all classes.
This	will result in a 11.34% overall increas	е.	
* A.	divoted to unfloot all muion note about on		
	djusted to reflect all prior rate changes nange in Company's premium level wh		
	sult from application of new rates.	nen win	
10.	suit from application of new rates.		
		lov	a Mutual Insurance Company
		2 U 7	Name of Company
		***************************************	, terro or company
		D	with Bankon Canadiana
		Be	verly Barber - Compliance Official - Title
			Сински ≈ т Ше

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

hange in Company's premium or rate level produced by rate revision effective		8-15-11	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril			
14. Crop Hail	\$737,524	-9.2	
Does filing only apply to certain territory (to Brief description of filing. (If filing follows range)			
Adjusted to reflect all prior rate changes. *Change in Company's premium level wh			
		utual Fire Insurance Company Name of Company	
	Marie T. Safree	d, State Filing Specialist Official – Title	



AUG 1 5 2011

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

hange in Company's premium or rate level produced by rate revision effective		8-15-11	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril			
14. Crop Hail 15. Other Workers Compensation Line of Insurance	\$1,927,292	10.8	
	erritories) or certain classes? If so, specify:	ganization): We are filing to adopt the	
'Adjusted to reflect all prior rate changes. '*Change in Company's premium level wh	ich will result from application of new rates		
, , , , , , , , , , , , , , , , , , ,	Nationwide I	Mutual Insurance Company Name of Company	
	Marie T. Safree	d, State Filing Specialist Official – Title	



AUG 1 5 2011

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	8-15-11	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
n . n		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$285,707	27.4
Line of Insurance		
Does filing only apply to certain territory (terr Brief description of filing. (If filing follows rate NCCI changes in circular IL-2010-05.		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	Nationwide Propert	y & Casualty Insurance Company
	'	taine or company
	Marie T. Safree	d, State Filing Specialist
		Official – Title

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